CHANGE IN SUPERVISION AND/OR PPE SETTING

PLEASE PRINT AND COMPLETE THE ENTIRE FORM: 1. Name of licensee:	License Number:		
2. PPE SETTING: School System: School Name(s) Address:			
Street	City	State	Zip Code
Original Date of Beginning PPE:/ If app	plicable, start date of New emp	oloyment:	//
I do hereby swear and affirm that all information on this	document is true and correc	t to the best of n	ny knowledge:
Licensee Signature:	Date:		
3. NEW SUPERVISION INFORMATION: Supervisor Name:			
Address: Street	City	State	Zip Code
Beginning Date of Supervision:/			
Place of Employment:			
Telephone Number: Home ()	Work ()		
	Granted: Expiration Date: Date Granted: ing Certificate if you do not hold a current speech-language		
4. AGREEMENT TO PROVIDE SUPERVISION I,, do hereby ag and as defined by 201 KAR 17:025 Section 2 and 201 KAR function as a speech-language pathology assistant. I further agree to accept responsibility for the practice as a speech-language pathology assistant. I acknowledge that the failure to utilize this person appropriate in accordance with the above cited provisions of administrative regulations promulgated thereunder, shall be practice speech-language pathology as described in KRS C	and activities of the above name propriately as a speech-language Chapter 334A of the Kentuck e considered as aiding and about the considered as a considere	ned individual in ge pathology assi y Revised Statue	his/her capacity stant and to s and the
SUPERVISOR'S SIGNATURE:	DATE:		
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